24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
	G 200307317
Check if 24-hour report	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics	09 18 2014
Mailing Address 1101 8th Street, Suite 100	Amount
City State Zip Code	124.74
Berkeley CA 94710	Transaction ID : SE.14799 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	09 18 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
THOM R TILLIS Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Ben Meers	Date of Public Distribution/Dissemination
Mailing Address 7407 Holmes Road	09 30 2014
7407 Holmes Road	Amount
City State Zip Code	3000.00
Kansas City MO 64131	Transaction ID : SE.14801 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
THOM R TILLIS Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3124.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
2 4.10	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	